

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		1				
11		1				
12		1				
13		2				
14		2				
15	1					
16		1				
17		2				
18		2				
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46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	39					
TOTAL DEP.		41				
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						